2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: __

FILED Feb 16, 2001 8:00 am Secretary of State DOCUMENT # **P94000004117** 1. Entity Name PROFREIGHT TRANSPORTATION, INC. 02-16-2001 90010 008 ***150.00 Mailing Address Principal Place of Business 1523 WEST BROADWAY ST. 1523 WEST BROADWAY ST. OVIEDO FL 32765 OVIEDO FL 32765 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3223667 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STOCKHAMMER, R.W. Street Address (P.O. Box Number is Not Acceptable) 856 BENTLEY GREEN CIRCLE WINTER SPRINGS FL 32708 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STOCKHAMMER, R.W. STREET ADDRESS STREET ADDRESS 856 BENTLEY GREEN CIRCLE CITY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS FL 32708 Change ☐ Addition Defete TITLE NAME NAME STOCKHAMMER, SIGRID STREET ADDRESS STREET ADDRESS 856 BENTLEY GREEN CIRCLE CITY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS FL 32708 ☐ Change [Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITI F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental repon is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attantiment with an address, with all other like empowered.